

PROPOSAL ROUTING FORM
(Internal UTIA Document Only)

FOR UTIA USE ONLY

VETMED Submit to: Dean's Office, A102 VTH, 974-5572

Proposal Type

- | | | |
|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Proposal | <input type="checkbox"/> NEW | <input type="checkbox"/> *Supplement |
| <input type="checkbox"/> Agreement | <input type="checkbox"/> *Competing Continuation | <input type="checkbox"/> *Revision |
| | <input type="checkbox"/> *Non-Competing Continuation | |

Proposal No. _____
 Award No. _____
 Account No. _____
 Date Rec'd Research Office: _____

Research Instruction Non-Exchange

Date: _____

1. Project Title: _____
 Contract No. _____

2. Agency Name: _____ Agency Dept: _____
 Building/Room: _____ Street: _____
 City/State/Zip: _____ Country: _____
 Agency Contact: _____ Phone: _____

3. UT Dept Name: _____ Dept Acct No. _____

4. All Years Performance period: _____ TO _____
 Direct Cost: _____
 F & A Cost: _____
 Total Funds Requested: _____

5. Current Year Performance Period _____ TO _____
 Direct Cost: _____
 F & A Cost: _____
 Total Funds Requested: _____

6. a. Current Audited F&A Cost Rate: _____ 6b. F&A Rate allowed by Agency: _____

7. Proposal Deadline Date: _____

8. Please Attach a Copy of the RFP or List the Web Address Here: _____

9. % of Effort: On-Campus: On-Campus: Off-Campus: _____

COMPLIANCE INFORMATION

	YES	NO		
10. Human Subjects:	<input type="checkbox"/>	<input type="checkbox"/>	Date Approved: _____	IRB- _____
11. Radiation:	<input type="checkbox"/>	<input type="checkbox"/>	Date Approved: _____	URSC- _____
12. Animal Care:	<input type="checkbox"/>	<input type="checkbox"/>	Date Approved: _____	IACUC- _____
13. Legend Drugs/Cntrl. Subst.	<input type="checkbox"/>	<input type="checkbox"/>	Date Approved: _____	_____
14. Biohazards/rDNA:	<input type="checkbox"/>	<input type="checkbox"/>	Date Approved: _____	IBC- _____

MISCELLANEOUS PROPOSAL ATTRIBUTES (complete as appropriate)

	YES	NO		YES	NO
15. Classified or Proprietary:	<input type="checkbox"/>	<input type="checkbox"/>	19. Space Alterations Required	<input type="checkbox"/>	<input type="checkbox"/>
16. Subcontract/External Consulting:	<input type="checkbox"/>	<input type="checkbox"/>	20. Potential Copyrights:	<input type="checkbox"/>	<input type="checkbox"/>
17. Subcontracting Plan Required	<input type="checkbox"/>	<input type="checkbox"/>	21. Potential Patents:	<input type="checkbox"/>	<input type="checkbox"/>
18. Space Available:	<input type="checkbox"/>	<input type="checkbox"/>	22. International Effort:	<input type="checkbox"/>	<input type="checkbox"/>

Involved Nation(s)

*Name of Proposed Subcontractors(s):

23. PRINCIPAL INVESTIGATOR(S) INFORMATION

Lead PI ▶	Personnel Number	PI Department	PI Name (First, Middle Initial, Last)	% of Effort	PI Phone

24. ABSTRACT (Please attach additional sheet if more space is required.)

25. WBS ELEMENT INFORMATION

When requesting an advanced WBS element, please use the following link: <http://www.agriculture.utk.edu/facultyandstaff/forms/WBSRequestForm.pdf>

- A) Request new account number YES NO
- B) Existing account Number. If yes, please record _____
- C) Separate WBS Element(s) needed? YES NO
- D) List the Entity/Department for each separate WBSE needed:

Entity/Department	WBSE

26. UT COST SHARING COMMITMENT(S)

- A) Dept Acct Number to be charged with F&A Cost/Cost Sharing (if any): _____
 Please check type of F&A Cost/Cost Sharing Required by the Agency: Mandatory Required Voluntarily
- B) Dept Acct Number to be charged with Direct Cost/Cost Sharing (if any): _____
 Please check type of Direct Cost/Cost Sharing Required by the Agency: Mandatory Required Voluntarily

NOTE: MANADATORY – the amount is mandatory & specific by the agency. **REQUIRED** – the amount is required, but not specified by the agency. **VOLUNTARY** – the amount is voluntary

27. DISCOVERIES & INVENTIONS

It is understood that all discoveries and inventions made or conceived in performance of work on this project will be the property of The University of Tennessee or in accordance with the contact terms for this project. University policies and procedures are designed to assure that the interests of the inventor, the University, and the sponsor are taken into consideration. The Principal Investigator(s) will furnish prompt and full disclosure of inventions made during performance of this project to the Office of Research and Graduate Studies.

28. BUDGET

A copy of the budget worksheet must be attached to this form when submitting a proposal. Link: <http://www.vet.utk.edu/research/info/budget.xls>

29. APPROVALS

(NOTE: There must be signature approvals from all department heads, deans, or directors whose personnel or facilities are involved in conducting the proposed work. The reverse side may be used for additional signatures.)

AUTHORIZING SIGNATURES:

I have seen the attached budget work sheet for this proposal and authorized the budget allocations accordingly.

Principal Investigator(s)	Department Head(s)	Dean(s)/Director(s)

For the University: _____ Date: _____
Vice President of Agriculture